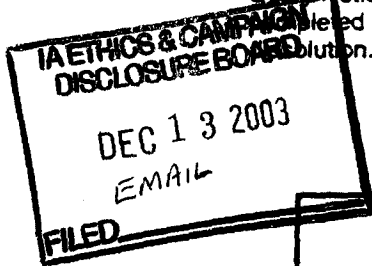


FOR INSTRUCTIONS, SEE BACK OF FORM  
This form is not applicable to statutory political committees.

## Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.



COMMITTEE NAME

FORM

(Rev. 02/98)

### DR-3 NOTICE OF DISSOLUTION

#### For Office Use Only

Comm. # \_\_\_\_\_  
Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Computer \_\_\_\_\_  
Certified Date of Dissolution \_\_\_\_\_

Official Name of Committee

FISHER FOR CLIVE COUNCIL COMMITTEE

Street

9603 ELMCREST DRIVE

City, State, Zip Code

CLIVE, IA 50325 6307

Area  
Code

Telephone

(515) 229.0942

Effective date of dissolution:

12.13.2003

*Stacy S. Fisher*

Signature of Treasurer

December 13, 2003

Date Signed

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

*Stacy S. Fisher*

Signature of Candidate - Required for Candidate's Committee

12.13.2003

Date signed

#### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.